INVESTOR ADDRESS CHANGE REQUEST

PLEASE PRINT CLEARLY AND COMPLETE ALL INFORMATION

Investor Number: _____

Name: _____

Fund Name: _____

New Daytime Phone # _____

Former Address: _____

_____

_____

New Address: **LEGAL STREET ADDRESS REQUIRED**

_____

_____

Additional Mailing Option for a PO Box: _____

City, State & Zip: _____

Effective Date: _____

ALL TITLEHOLDER SIGNATURES ARE REQUIRED.

_____	_____	_____	_____
Investor Signature	Date	Investor Signature	Date

WHEN COMPLETED PLEASE PRINT AND MAIL TO:

TP Flexible Income Fund
Attention: Investor Services Department
2401 Kerner Boulevard
San Rafael, CA 94901-5569